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TITLE: Interpersonal Skills and Humanistic Values Intervention in Social Work Practice:
Linking HIV-Infected African-American Women to Medical Care Practice

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ISSUE: In 1982 the Centers for Disease Control and Prevention initially reported only 46 cases of AIDS among women. In contrast, according to the National Institute of Allergy and Infectious Diseases, the proportion of reported AIDS cases in the U.S. for women has increased from 7% in 1985 to 20% in 1996. HIV infection is now the third leading cause of death among women ages 25 to 44 and the leading cause of death among African-American women in this age group. A limited amount of African-American women seek medical care after early diagnosis of HIV infection. The medical literature has addressed early intervention strategies to link HIV-infected women to medical care, but has not adequately addressed why African-American women do not follow through with care. We believe that social work practice with interpersonal skills and values at the onset of medical care can provide the nurturance needed for those who have tested HIV positive and result in improved patient compliance.

SETTING: HIV-positive women are seen in an infectious disease clinic in Atlanta, GA. Patients are African-American women who range in age and socioeconomic status. The clinic meets 3 mornings per week and is staffed by a team of three physicians, two nurses, and one social worker.

PROJECT: People Advocating Disease Prevention (PADP) is a Ryan White Title IV federally funded program designed to increase and expand delivery of services to HIV-infected and HIV-affected women of childbearing age. The project provides social services, case management, and health education to HIV-infected and -affected women and children. The 6-month interpersonal skills and humanistic values intervention has been established to help to increase patient compliance. Measures include a patient satisfaction survey assessing whether the improved compliance with medical care was due to the social worker's intervention strategy.

RESULTS: During the first 3 months of the intervention, there has been an increase in compliance with medical care. Of the 36 women enrolled in the program since May 1998, 34 have been compliant with medical care from December 15, 1998, to March 15, 1999. Of the 34 women, 14 were newly diagnosed with HIV; all have been compliant.

LESSONS LEARNED: These findings support the need for strengthening the use of interpersonal skills and humanistic values at the onset of medical care. By providing a program that is sensitive to cultural differences and explores barriers to medical care more effective comprehensive clinical services to HIV infected African-American women are achieved.

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